

Please type a plus sign (+) inside this box $\longrightarrow X$

e type a plus sign (+) inside this box

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB_0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. a valid OMB control number.

Attorney Docket Number	CRN01-UTL				
First Named Inventor	CORNISH, Lisa Ann				
COMPLETE IF KNOWN					
Application Number					
Filing Date					
Group Art Unit					
Examiner Name					
	First Named Inventor COMPLETE Application Number Filing Date Group Art Unit				

As a below named inventor,	hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first	and sole inventor (if onl	y one name is listed below)	or an original, fi	rst and joint inven	itor (if plural				
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HARD HEAD FOIL CAP									
the specification of which	(Titi	le of the Invention)							
is attached hereto OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
amended by any amendment specifically referred to above.									
I acknowledge the duty to disclo	se information which is	material to patentability as	defined in 37 CF	·K 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	ed Copy Attached? NO				
			0000	0000	0000				
Additional foreign application	numbers are listed on a	a supplemental priority data	sheet PTO/SB/0)2B attached here	eto:				
I hereby claim the benefit unde	35 U.S.C. 119(e) of an	ny United States provisional	application(s) lis	sted below.					
Application Number(s)	Filing Dat	e (MM/DD/YYYY)							
			numbe supple	onal provisiona ers are listed or emental priority SB/02B attache	n a data sheet				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box -> X



PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

United States United States of information who	of Americ or PCT Int ich is ma	it under 35 U.S. a, listed below a ternational applic terial to patental international filin	and, inso cation in bility as	ofar as t the man defined	the subje iner provi in 37 CF	ct matter ided by the R 1.56 wh	of each of the e first paragrap	daims of thah of 35 U.S.	iis applica C. 112. I a	ition is acknow	not disclosed ledge the duty	in the prior to disclose	ŀ
U.S. Parent Application or PCT Parent					Parent Fil				nt Patent N		1		
	Number						(MM/DD	/YYYY)	┼		if applicat	ole)	ł
Additional	IIS or F	PCT international	annlica	tion num	hore are	listed on a	supplemental	priority data	sheet PT				
		ereby appoint th										Hate Paten	1
		nnected therewi		Custom	er Numb		23442				Place Cust	omer Code	
			[X]	OR Register	red pract	itioner(s) r	ame/registration	on number li	sted belov	یا ،	Label he	re	
	Nam	- -	_		Registra Numb			Nan	10	PATEN	t tradexa rk ege Nû	5101ation mber	1
Kı		Rylander			-	g. No.							1
					43,	-							
				- 22			5		A DTO#	20/000	attack and book		ł
		practitioner(s) r	named o	n supple	emental F	Registered	Practitioner In	formation sh	eet PTO/S	SB/02C	attached here	€to	1
Direct all corr	esponde	_		ner Num Code La				OR	X C∘	rrespo	ndence add	ress below	
Name	Kurt	M. Rylande	er			23	442						
Address	1014	Franklin S	Franklin Street PATENT TRADEMARK OFFICE										
Address	Suite	206											
City	Van	couver					State	WA ZIP			98660		
Country	USA	Telephone		, ;	360.750.9931 Fax		•	360.750.9943					
believed to be punishable by	true; and fine or in	I statements mad further that the opposition or tissued thereon.	ese state both, u	ements :	were ma	de with th	e knowledae 1	that willful fa	ilse stater	ments a	and the like s	o made are	
Name of S	ole or F	irst Invento	r:				A petition	n has been	filed for	this u	nsigned inve	entor	
Given Name (first and middle [if any])							Family Name or Surname						
Lisa Ann					CORNISH								
Inventor's Signature		Prisa	ann	Ca	nis	h	J.	6.12 2	2001		Date	fe6.12-	20
Residence:	City	Longvie	w		State	WA	Country	ι	JSA		Citizenship	USA	
Post Office Address 3154 Michigan Street													
Post Office A	Address												
City		Longview	State	WA		ZIP	98632		Cour	itry	USA		
D _{Additional}	invento	rs are being n	amed o	n the	SUDI	plementa	I Additional I	nventor(s)	sheet(s)	PTO/S	SB/02A attac	ched hereto]